

IPA ASSIGNEE COST DATA

NOTE: Eligibility requirement: Individual must be on institution's roles in a career position for 90 days prior to an intergovernmental assignment to a Federal agency. 1. Name of Proposed Assignee: 2. Institution's name and Institution ID to which grant should be awarded: 3. Current Salary: Please indicate if salary is paid on an annual or academic basis. Certified salary must be the actual salary paid by the institution (e.g., a 9-month academic salary paid over an 11 or 12 month period should be recorded as a 9month salary). Do not include estimated salary increases. SALARY MAY NOT BE ADJUSTED FOR THE PURPOSE OF THIS ASSIGNMENT. Check one: Annual Salary \$ Academic Salary \$ _____ □ 9 months \square 10 months \square 9.5 months \square 11 months □ Other 4. Employer's Contribution to fringe benefits for 1-year period (excluding indirect costs and administrative costs such as tuition remission, cost of negotiating assignment agreements and preparing payroll records and assignment reports): IT IS EXPECTED THAT ASSIGNMENTS WILL BE MADE ON A SHARED COST BASIS OF AT LEAST 15% OF THE TOTAL **COST OF SALARY AND FRINGE BENEFITS.** ☐ WE AGREE TO COST SHARE 15% OR □ WE AGREE TO COST SHARE _____* *If there is 0% cost share please provide a reason below. Certifying Official's Signature Date Type or Print Name & Title Area Code & Phone Number

Email address

Fax Number